V. S. No. 1

	1.	PLACE OF DEAT		F MAR	YLAND—	CERTIFICATE OF DEATH 3984			
	/	County Daw	min			Registration Dist. No. 115			
1		Village or CityA	shing.	Creek	7	No. St., St., St., St., Machine of the street and number of the street			
	2.	FULL NAME  (a) Residence: No.	Grand Fishim	4 Creal	Thur)	If U.S. Veteran specify WAR. A State St., Ward.			
	-	PERSONAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH			
	3. SE	X 4. COLO	R OR RACE	5. SINGLE, MAR	RIED, WIDOWED, ) (write the word)		(Vaar)		
	5a. If	married, widowed, or divol HUSBAND of (or) WIFE of	rced	8		22. I HEREBY CERTIFY, That I attended decaased fr			
te.	6. DA	TE OF BIRTH (month, day	, and year)	Moul	1872	I last saw h Arca alive on QAN 1916; dea	th Is said		
certificate	7. AG	lout 64	Months	Days	If LESS than 1 day,hrs, ormin.	to have occurred on the date stated above, at \\.\.\.\.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset		
of	PATION	Trade, profassion, or pa kind of work done, SAWYER, BOOKKEE 9. Industry or business in	PER, etc.		house Keeps	Chrome arterio - Renal			
on back	밁	work was done, as S SAW MILL, BANK, e O. Date daceased last wor this occupation (mon	ILK MILL, 5 tc	11. Total ti	relinea— me (yaars) nt in this 10	O weeken deser	915		
instructions	12. B	IRTHPLACE (city or town). (State or country)		als 5	Probably	Other Coutributory Causes of Importance:	Musi		
nstı	<u>سے</u> 1	I3. NAME	Minon	n.					
See i	FATHER	4. BIRTHPLACE (city or to (State or country)	wn)Una	Knon	2	Nama of operation Data of What test confirmed diagnosis? Classification Was there an autops	w? h		
ıt.	E 1	5. MAIDEN NAME	mmo	- ~~		23. If death was due to external causes (VIOL ENCE) fill In also the following:	,		
important	MOTHER	16. BIRTHPLACE (city or town). Unlessed (State or country)				Accident, suicide, or homicide?	19		
very im	17. IN	NFORMANT MALE IN (Address)	abel &	ne Glano	Min	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in NOME, or in PUBLIC PLACE.			
18	18, B	URIAL, CREMATION, OR R	EMOVAL m	Bore ah	N 1936	Manner of Injury			
TION	19. U	NDERTAKER (Addrass)	Seco Cami	mpte	ma	24. Was disease or injury in any way related to occupation of daceasad?	· · · · · · ·		
7	20. FI	ILED. Sept. 10, 1	936-0	me wil	Nacola Registrar.	(Signed) and Meade	M. D		
-		7	If more	blanks are needed.	ddress State Registrar.	2411 N. Charles Street, Raltimore, Requesting 71 S. No. 2			

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Example I					Example II		
The principal cause of of importance were as	dcath and elated	causes	Date of	onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY	TOOC	19.	15	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	s	1000	19	21	Run over by street car	1 week ago	
Cerebral hemorrhage	BURFAU	V S	July 5	,1927	Perilonitis	3 days ago	
Other contributory caus	ses of importance				Other contributory causes of importance:		
Gallstones			May 1	,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	SOUTH 3985
County Deckerter	Registration Dist. No. 1/4
	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. COLOR OR RACE J. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. J HEREBY CERTIFY, That I attended deceased from  J. J. 1934. to J. 1934.
6. DATE OF BIRTH (month, day, and year) 4/2/1868	I last saw have alive on Afficial 1934 death is said
7. AGE Year's Months Days If LESS than 1 dey, hrs. or min.	to have occurred on the date steted ebova, at.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onest
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	to reflection 1-1-3
work was done, as SILK MILL, SAW MILL, BANK, etc.  10-Data deceased last worked et this occupation (month and spent in this	
12. BIRTHPLACE (city or town)  Seeden Heed	Dther Contributory Causes of importance:
(State or country)  Line 13 NAME 13 NAME 13 NAME 13 NAME 13 NAME 15 NA	-
14. BIRTHPLACE (city or town)  (State or country)	Nama of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to external causas (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT MAS Elea Budennee (Address) Green Rice me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pl	Menner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? 243
20. FILED april 14, 1936 mrs It. J. Cousiek Eved Registrar.	(Signed)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	13			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(173) 20
County Torchester	Registration Dist. No. 116
Village or City Dembedge md	No Caushalle Nul Heifelest., Ward death occurred in a horpital opinistitution, give its NAME have ad of street and number)
Length of residence in city or town where deeth occurredyrsmos.	How long in S. S. if of foreign birth?
2. FULL NAME IN A MIN (STAR	11-U.S. Veteran, specify WAR
(a) Residence: No.	Ward. 09x - Mira
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated	21. DATE OF DEATH for a Copy (Year)
5a, If married, widowed, or divorced	
HUSBAND of (or) WIFE of NOT KNOWN	HEREBY CRTIFY, That I attended deceased from
	las and Physics
6. DATE OF BIRTH (month, dey, end year) September 10 190. 7. AGE Years Months Days If LESS than	to have secured on the laters light above to 115 mg.
3.2 / 1 dey,hrs.	The DRINCHAL CAUSE OF DEATH and relations of importence
8 Trade profession or particular	were as follows:  Data of onsat
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	marie to by whom Ohill
Industry or business in which	a fortunera dalla litera y Ve
work wes done, as SILK MILL, SAW MILL, BANK, etc	Stomarh Lox right 1 + 1/2
O 10. Date deceased lest worked et this occupation (month end year)	sise felicity. I gig
12. BIRTHPLACE (city or town) Belvedere	Other Contributes Chases of importance:
(State or country) North. Corolina	Starch Jan Erila 21/2/
13. NAME George Henry White	B 81 A 100
14. BIRTHPLACE (city or town) Beluedere	Name of commence of the stand of the
(State of County) North (1-50/1NG)	What yest commind dischools to the washing of the work
15. MAIDEN NAME Daisy white	23. If death wes due to external causes (VIOL ENCE) fill in also the lonowing:
0 16. BIRTHPLACE (city or town) 13 cluedexe	Accident, suicide, or homistical and the dimensional and the suicide dimensional and t
(State or country) North Carolina	Where did injury occurs and State (Specify city of pwn, county and State)
17. INFORMANT Campullies Mil. Agriputal.	Specify who her source for the University of Jown, county and State)
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury A afore
Place Wasagh Country Date aft 25, 1936	Nature of Injury CO at any
19. UNDERTAKER AMSE COM	24. Was disease or injury in any way related to occupation of deceased?
(Address) 208 Muer It Cambridge MC	If so, specify the therewally
14/21 21 /21 200 0	(Signed) M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

2

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Cerebral hemorrhage . S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	The second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (	OF MARYLAND—	CERTIFICATE OF DEATH	87
County Marchester	•	157-0 20 20	1
		Registration Dist. No. 9	Ψ
Village or City Cambrid	<b>/</b>	ND. Carnha land to the state of street and style of death occurred in a horpital or institution, give its NAME instead of street and style	mber)
Length of residence in city or town where	death occurredyrs,mos	ds. How long in U.S. if of foreign blrth?yrsmost	
2. FULL NAME Infant	Brown	If U.S. Veteran specify WAR.	3
(a) Residence: No. Taylo	(Usual place of abode)	St., Ward.  If nonresident give city or town and St	ale
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	93
6e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended de april 17, 1986, to april 18	
PATE OF BIRTH (month down and man)	Phil 17-36	I lest sew h. Lu elive on Christ 18 1936:	., 193.4
5. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months	Pays If LESS than 1 day, 7hrs.	to heve occurred on the date steted ebove, at 5-20 Am.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance	700 til 13 30
8. Trede, profession, or particular		were es follows:	Date of one
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	nond	(Kemalure buth (8 mos.)	
9, Industry or business in which work was done, as SILK MILL,			
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	11. Totel time (yeers) spent in this oc:upetion		
2. BIRTHPLACE (city or town) Carnet (State or county)	uslye mil	Other Contributory Causes of Importance: Congenital Heart lesion Type	
13. NAME John Br	more -	- ust definitely descensable - Estreme	
14. BIRTHPLACE (city or town) Taylo	us Islame	Name of operation Date of	
(Stete or country)  15. MAIDEN NAME Frelen	Promode	What test confirmed diagnosis? Wes there en eut	opsy?
15. MAIDEN NAME Weleyn  16. BIRTHPLACE (city or town) Bu  (Stete or country)	llenwer mil	23. If deeth wes due to external ceuses (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  Where did injury occur?	, 19
7. INFORMANT John Bry (Address) Juylors 9	ilance mue	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
8. BURIAL, CREMATION OF REMOVAL PIECE Toylors Vistan	Dete april 26, 1986	Menner of injury	
19. UNDERTAKER DO NOUN MY (Address) Church	breek mil	24. Wes disease or injury in eny wey releted to occupetion of deceased?	
20, FILED 4 - 20, 19369	kegistrar.	(Signed) Address) 126 Race St Cambridge 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Sul

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BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH 3988

1	. PLACE O	F DEAT	гн	1712 11		
1	County Do	rche	ster			Registration Dist. No. II6
	Village or C	ity Ca.	mbridge	, Md.		No. X Vo St Ward
	Length of resi	idenca In ci	tv or town where d	eath occurred 57	vrsmo	f death occurred in a hospital or institution, give its NAME instal of street and number)  sds. How long in U.S. If of foreign birth?mosds.
2						If U. S. Veteran, specify WAR NO
			08 Acad			St., 4 Ward.
				(Usual place	of abode)	If nonresident give city or town and State
-			D STATISTI			MEDICAL CERTIFICATE OF DEATH
3. S	emale		n or RACE hite	OR DIVORCE	RIED, WIDOWED, D (write the word) Wed.	21. DATE OF DEATH  April IIth, (Day) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of		James	W. Call	oway.	22. SI HEREBY CERTIFY, That I attended deceased from 1934, to Charle 11 1936
6. I	ATE OF BIRTH	(month, day	(, and year)	/6/1859		I last saw h alive on Africal 1936; death is sah
7. A			Months	Days	If LESS than	to have occurred on the date stated above, at 9 . 30 . A M .
	77		I	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
NO	8. Trade, profe	work dona,	erticular as SPINNER, PER, etc	None		Museardial Jailine hest
P.	9. Industry or	business in	which	x		your government of waters
occup	SAW MII 10. Data daceas		SILK MILL, etc		ime (years)	
0	this occu	pation (mo	nth and	spe	nt in this upation	
12.	BIRTHPLACE (ci		Marian	Statio	n, Md.	Other Contributory Causes of Importance:
ER	13. NAME	Tames	Whaley	TI.LON		Chronie Olthese Lephotes.
FATH			wn) Mary			Name of operation Cothe Oate of
~	(State or	country)				What test confirmed diagnosis lesses al. Was there an autopsy? Les
HE	15. MAIOEN NA	ME M	argaret	Whaley	*	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHE	16. BIRTHPLACE	(city or to	wn)	ryland.		Accident, suicide, or homicide?0ate of injury19
		s No	ra Pyla	nt Mors	n.	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMAT	ION, OR R	REMOVAL			Manner of Injury
	Placa_Call	nbrid	ge, Md.	Date4/I	3/36,19	Natura of Injury
19.	UNDERTAKER (Address)		nville bridge,		tille	24. Was disaase or injury in any way related to occupation of deceased? US
20,	FILEO 4	-	1	Mrs 2		(Signed) Viffe M Face M. C. (Address Cambridge Wed) M. C.

V. S. No. 1

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Other contributory causes of importance:	HI THE	Other contributory causes of importance:	ALC: N	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial no	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 6 1930	July 5,1927	Peritonitis	3 days ago	
TOTAL PARTIES	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

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Example I		Example II  The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related cause of importance were as follows:	Date of onset			
Arterioselerosis NAY 5 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   Bille Ail V S	July 5, 1927	Peritonitis	3 days ago	
E Land Company of the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 3991
1. PLACE OF DEATH	(3)
County Dorchester	Registration Dist. No. 1121
Village or City 6 levets	No. St., Ward
Length of residence in city or town where death occurred 8275 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Vaughw. G. Ellio	<b>H</b>
10000 00	O. W. d
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH APR 2 7 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Portly N. Sleett.	1 HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) blee 4 1854	Clast saw hours alive on april 27 1936: death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
85 4 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
& Trade profession or particular	Were is tollows: Orterebleal heparities. Date of onest
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Cold, Carpoeure,
(State or country)	
13. NAME Jehn Cellesce.	
13. NAME LEW COLLECTION 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Urue. Was there an autopsy?
15. MAIDEN NAME SKAROLUKA Parks  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Multourne allestes (Address) Ellestes	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Collect Data april 19936	Nature of injury
19. UNDERTAKER HAM Willbuthly (Address) C. + New Work	24. Was diseasa or injury in any way related to occupation of deceased?
	If so, specify (Signed) (D. Aguardian In a
20. FILED Greek 25, 1936 Elizabeth Graff	(Signed) Little (D. Authum M. D. (Address) Villama, Risk)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example II		
Date of onset		
1 week ago		
1 week ago		
3 days ago		
1 year		
-		

V. S. No. 1 N. B.—W See instructions on back of certificate.

TION is very important.

STATE OF	MARYL	AND-CERTIFICAT	TE OF DEATH
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")	0	0	0
( )	J	y	2

1. PLACE OF DEATH	23	
County & orchistre	Registration Dist. No. //	2
Village or City Cambridge Md R. F.	No. St., If death occurred in a hospital or institution, give its NAME instead of street and nur	Ward (mber)
Length of residence in city or town where death occurred	s. 2 8 ds. How long in U.S. if of foreign birth?yrs,mos.	ds.
2. FULL NAME Yilbut n. Els	- x	
(a) Residence: No. (Usual place of abode)	✓ St., Ward.  If nonresident give city or lown and St.	tale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	193 6 (Year)
5a. If merried, widowed, or divorced		
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended de	ceased from
6. DATE OF BIRTH (month, day, and year) 10 2 1 9 3 7. AGE Years Months Days If LESS then	I last saw h elive on	.,
1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
9 Teads profession or partiaular	were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Vulmonary 7.13.	untenson
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		
ID. Dato deceased last worked at this occupation (month end year)   11. Total time (years)   spant in this occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Canal Age (State or country)	Diligi Ceatribucity Ceases of migoriance.	~ ~ ~ ~ ~ * * * * * * * *
II 13, NAME Office.		
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Dete of	
(State of County)	What test confirmed diagnosis?	opsy!
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Elsi Elyi (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Lambolgo med Date agrid 21, 1036		
19. UNDERTAKER Land & Albanda	24. Was disease or injury in any way related to occupation of deceased?	us.
20. FILED 4 21, 1936 John moule Registrar.	(Signed) G. S. Mercus (Address) Commercial Med.	M. D.
	er, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.	

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Example -I.		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neporitis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RUPPALL V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER ST	ATEMENTS BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 3993		
1. PLACE OF DEATH	922		
County Dorchester	Registration Dist. No. // D		
Village or City Hurlock	No. St., Ward		
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)		
	sds. How long In U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Edwin H. Harper (a) Residence: No. Hurlock Ml	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED.	MEDICAL CERTIFICATE OF DEATH		
Male  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWET	21. DATE OF DEATH 1  (Month) (Day) (Year)		
5a. If married, widowed or divorced HUSBAND of Addie Bothum			
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) August 1, 1881	I last saw have elive on Arch 1956 death is said		
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above of G & m		
54 8 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:		
2 Tende profession or particular	Date of onset		
SAWTER, BUUNKEEPER, GIC.	arterioscherosa		
SAW MILL, BANK, atcLife Insurance			
10. Date deceased last worked at this occupation (month-and 35 spent in this occupation occupation occupation			
12, BIRTHPLACE (city or town) Sal em	Other Contributory Causes of Importance:		
(State or country)	Ehrenik Endolardite		
置 13. NAME Edwin M. Harper			
14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. 14. BIRTHPLACE (city or town)  16. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	Name of operation		
(Steta of country)	Whet test confirmad diagnosis?		
15. MAIDEN NAME Katie Higgins	23. If death was due to externel causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME Katie Higgins  16. BIRTHPLACE (city or town Dorche ster oo. Md.,	Accidant, suicide, or homicide? Date of injury,19		
17. INFORMANT Achsa H. Willoughby (Address) Hurlock, Md.,	Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place East New Market Dete April 22, 19 36	Manner of injury		
19. UNDERTAKER W. H. Hollis & Soh (Address) Preston, M.d.,	24. Was disease or injury In any way ralated to occupation of daceased?		
20. FILED april 11, 1936 Cleas. W. Hastring	(Signad) La Language M. D.		

Registrar.

(Address) Stee

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	ample I	1	Example II		
The principal cause of dea of importance were as follows:	th and related dauses	Date of poset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 7 102		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	, ,,,,,,	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	July 5 1927	Peritonitis	3 days ago	
<u>L</u>					
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE	OF	MARVI	AND-	CFRTI	FICAT	F	OF	DEATH
JIAIL	O1	MIVITIE	.AIID	CLIVII	IICAI	-		DLAII

1. PLACE OF DEATH	107
County Dorchester	Registration Dist. No. 176
Village or City Bucklown Port	Ward Camebra Las R. L. St., Ward Ward in a hospital or institution, review its NAME instead of street and aumber)
	20 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Rabelet Halisla	If U. S. Veteran, specify WAR.
(a) Residence: No. Broketowa (Usual place of abode)	St., Ward.  If aonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Calalyon  Single	21. DATE OF DEATH  April 9  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Chril 9 1936 to Chril 9 1936
6. DATE OF BIRTH (month, day, and year) May 1934	I last saw h.cm. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _/OPm.
4 ld 2 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho preumonia
	Varionero ferminana
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this spent in this	
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
Real tours	Other Coatributory Casses of importance:
12. BIRTHPLACE (city or town) D. V. C. (State or country)	
13. NAME Downt kun	
13. NAME JOWN JAMES 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
I 15. MAIDEN NAME Elli Hallsy	23. If death was due to external causes (VIOLENCE) fill In also the following:
[ 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT ACAN GLOSUS (Address) Cambridge R1 2 - MC	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place O IN PLON Manage after 1 1950	Nature of injury
19. UNDERTAKER Genny Hogery	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Carrendy mod	If so, specify
20. FILED 4-10-, 1936 Jelin more)	(Signed) M.D.
Registrar.	(Address) and the let

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I	700	and the same	1	Example II	
The principal cause of des	ith and related ows:	causes	Date of	onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY A	1000	191	15	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1000	192	21	Run over by street car	1 week ago
Cerebral hemorrhage	EURITARY	VS	July5,	,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Marian II		Other contributory causes of importance:	
Gallstones			May 1	,1923	Gastroenteritte	1 year

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 6 7090	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Bragaria and Artificial Artificia			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 .

V. S. No. 1

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93:0
County Dorchester	Registration Dist. No. 116
Village or City Cambridge	ND. Castern Place State (Status Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurred 20 yrs. 1/	nos 5ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sommel Hooper	If U. S. Veteran, specify WAR
(a) Residence: No. Yooker's Salface of abode)	St., Ward. O 9 V —  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thety attanded decessed from
6. DATE OF BIRTH (month, day, and year) Left 9 /850	I last sew hermalive on a first 2322 , 1936; death is said
7. AGE Years Months Oays if LESS than I dey,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Treds profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration for the second in this s	J 15 yr
O 10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Cooper's Jolans (State or country)	Other Contributory Causes of Importance:  Certification and Contributory Causes of Importance:
13. NAME Samuel Kooker	
(State or country) maryland	Neme of operation
15. MAIDEN NAME for a Clipateth Record 16. BIRTHPLACE (city or town) No offer & Johnson	23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accidant, suicide, or homicide?
Et II DE PA	Where did injury occur? (Specify city or town county and State)
17. INFORMANCE SECRETARIO P. VICE CANDIDATE S	Sizerity whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Place To fital Troundo Date april 28, 193	Mannar of injury
19. UNDERTAKER Granville J. Leconft (Addrass) Cambridge - Grande	24. Was disease or injury in any way related to occupation of daceasad?
20. FILED 4-25, 1936 July 20 Registrat.	(Signad) Layles apelle M. D. (Adoless) Rayles Apelle M. D.
	ar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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í	Example I	1 2	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 6 1939	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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i	Example II	
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy S A	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis 9661 9	3 days ago
	GENED	
	Other contributory eauses of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915  Attack of epilepsy S A  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory eauses of importance:

-		

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(Yeer)

Date of onset

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Example 1	1	Example 11	
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Chronic interstitud nephritis \ 0 13	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

apation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified.

fION is very important. See instructions on back of certificate.

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
county Loschester Con	Registration Dist. No.
Village or City Combridge	No. St., Ward death occurred (n a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME SCULLT'S Jorde	If U. S. Veteran, specify WAR
(a) Residence: No. 4 Persaint Civil	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  H (Month) (Day) (Year)
A. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Sungle	22. I HEREBY CERTIFY, That I attended decaased from 4 - 6 1936 to 4-20 1936
6. DATE OF BIRTH (month, day, and year)	i last saw h. Q1 alive on 4 70 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Date of onset of 12-34
9, industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month end year) occupation occupation	
12. BIRTHPLACE (city of town Cambridge RCFD	Other Contributory Causes of importance:
(State or country)	
13. NAME 2. Somes Solley	
13. NAME Thomas tolled R. J. D.  14. BIRTHPLACE (city or town Combining R. J. D.	Name of operation Data of
(Steta or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Survis Juglis	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town Combridge R.J.D	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Teston foller (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Cambridge Delbrig 31936	Neture of injury
19. UNDERTAKER SOLVES TO Staymens (Addrass) Combrada	24. Was disease or injury in any way related to occupation of decaesed?
20. FILED 4 - 23, 1936 Jours Money	(Signed) M. D. (Addrass) 222 Vize M. C.
	2421 N. Charles Street, Baltimore, Requesting U. S. N. 2.

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Example I		Example II	
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Arteriosclerosis MAY	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ISUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state
)	tem of	plnods
-	Every i	CIANS
	ECORD.	PHYSI
NDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
MARGIN RESERVED FOR BINDING	IS A PEI	stated E
SERVED	NK-THIS	should be
N KE	DING I	AGE.
MAKGI	UNFA	supplied
	, WITH	refully
	PLAINLY	ould be ca
9	-WRITE	mation sh

N. B.—WRITE PLAINLY,

V. S. No. 1

	County	นดา	chester	n		Registration Dist. No.	116	
	Village or C				.D.			
					(1)	No. Sideath occurred in a hospital or institution, give its NAME instead of street	et and number)	
						ds. How long in U.S. If of foreign birth?yrs	mos	
2	. FULL NA			T. Joll		If U. S. Veteran, specify WAR.		
	(a) Residen	ce: No	Rhoues	dale, Md		SI., Ward.	or and State	
	PERSON	AL AN	ND STATIST	ICAL PARTI		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
3. S	S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH	1026	
5a	If marriad, widow			D.	ingle	April 7th (Month) (Day)	(Year	
va.	HUSBAND of (or) WIFE of	eu, or are	orced			22. I HEREBY CERTIFY, Thet latt	ended deceased	
e 10	OATE OF BIRTH	month de	w and ward A	pril 4t	1035	Light saw h whi alive on 4/57 10 3 6 death le		
7. A			Months	Oays	If LESS than	to have occurred on the date stated above, at 11-20-mb. M	, uadtii is	
	I			3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:		
z						Wale as follows.	Detecto	
NOIL	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc					( Junela / remine	3/1	
4	9. Industry or work we:	business i done, as	n which SILK MILL, etc					
Z	SAW MIL			11. Total t	ime (yaars)			
0	this occupetion (month end spent in this year)							
10	DIDTUDE LOD (-1)			nohecto	r un	Other Contributory Causes of importance:		
12.	(State or cour		)	indiation of	Md	***************************************		
HER	13. NAME	UO	rnelius	Jackso	2 2 4 4 4			
FATH	14. BIRTHPLACE			rcheste		Neme of oparation De	e of	
-	(Stata or				Md.	What test confirmad diagnosis? Was the	2	
HER	15. MAIDEN NA	ME	Isabe	lle Jol	Ly,	23. If death was due to external causes (VIOLENCE) fill in also the fo		
D	16. BIRTHPLACE	(city or to	own) Dor	chester	UO.	Accident, suicide, or homicide? Date of Injury_		
Σ	(Stata or	country)			Md.	Where did injury occur?	-16	
17.	INFORMANT (Addrass)			le Jack		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.		
18.	BURIAL, CREMAT		REMOVAL			Manner of injury		
	PlacaPe	ters	burg, N	d Date Apr	.8", 19.36	Nature of Injury	)	
19.	UNDERTAKER		Frampto	om & Son	.4	24. Was disaasa or injury in any way ralated to occupation of dacaass	ad?	
	(11441033)	1.00	CICION	AT PC		If so, specify	C	

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Chronic interstitial nephr	rilis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU	V. S	July 5,1927	Peritonitis	3 days ago
				and the same of th	
Other contributory car	uses of importance	•		Other contributory causes of importance:	-14
Gallstones			May 1,1923	Gastroenteritis	1 year

'MARYLAND

3. SEX

7. AGE

CCUPATION

FATHER

MOTHER

### COPY OF CERTIFICATE OF DEATH

(NOTE-This is not a legal document)

STATE DEPARTMENT OF HEALTH Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

DRIGINAL

County DORCHESTER Registration Dist. No. Village or City OFF BARREN ISLAND No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residance In city or town where death occurred \_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. How tong in U.S. if of foreign birth \_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds.

WILLIAM KELCH 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE MALE WHITTE

5a. If married, widowed, or divorced

OR DIVORCED (write tha word)

5. SINGLE, MARRIED, WIDOWED.

If LES3 than

1 dey, ..... hrs.

or .... min.

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Months 8. Trada, profession, or particular

industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc.....

10. Date deceased last worked at

(State or country)

(State or country)

13. NAME

kind of work dona, as SPINNER, Sailor SAWYER, BOOKKEEPER, etc.

2. DR. E. A. JONES

Days

Oil barge 11. Total time (yeers)

this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town).....

NOT ENOUGH EVIDENCE

14. BIRTHPLACE (City or Town) CERTIFICATES. (State or country)

CORRESPONDENCE UNDER: 1. Dr. J. W. Meade 16, BIRTHPLACE (city or town).

3. STEAMBOAT INSPEC.CO. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVÁL

Piace Date 19

19..UNDERTAKER \_. (Address)

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH

April 5, 1936

(Month) I HEREBY CERTIFY, Thet I attended daceased from

Date of onset

If nonresident give city or town and State

to have occurred on the date stated above, at \_\_\_\_\_\_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance PROBABLY BLOWN TO PIECES IN EXPLOSION

OF OIL BARGE OFF BARREN ISLAND, Barge ... owned by Chesapeake Oil Transport Co. .. Name of Barge: THE ANTHONY CROVES Dr. J. W. Meade, Fishing Creek, found

Other Contributory Causes of importance: about two bones which indicate the men were blown up, and found also sufficient

ashes for 2 human bodies. A third man was burned and thrown (or jumped) overboard.

Name of operation.

His body Bound later and certif ic ate is What test confirmed diagnosis?

Tiled under RICHARD NORFOLK 4/5/36 Dor. Co. 23. If deeth was due to external causas (VIOLENCE) fill in also the billowing:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

led with Dr. Meade's Letter.

Manner of injury 24. Wes disease or Injury in any way related to occupation of deceased?

if so, specify (Signad) M. D.

Approximate age and the place of residence obtained from Mr. George E. Rogers, 3913 Bateman Avenue, Baltimore, Md. a friend of the deceased. See letter filed under 'Batemen' 4-2-37.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

tem of infor-

Exact statement of OCCUPA-

N. B.-WRITE PLA

STATE OF MARYLAND	-CERTIFICATE OF DEATH 4002
County Dorchester Village or City Woolfords, Md.,  Length of residence in city or town where death occurred X yrs. X  Stillborn Lee	No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. X ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Woolford Maryla (Usual place of abode)	nd. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April, 1, 1936 7. AGE Years Months Days If LESS that 1 day,	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) occupation.	(Filled Position)
12. BIRTHPLACE (city or town) Woolfords, Maryland (State or country)	Other Contributory Causes of importance:
13. NAME Levin H. Lee  14. BIRTHPLACE (city or town) Madison, (State or country) Maryland.	Name of operation Dete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Margaret Dunnock  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Levin H. Lee (Father) (Address) Woolfords, Maryland.  18. BURIAL, CREMATION, OR REMOVAL Place Madison, Md. Date 4/1/ 192	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
19. UNDERTAKER Levin H. Lee. (Father) (Address) Woolford, Md., 20. FILED 4/1/, 19 36	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 1		

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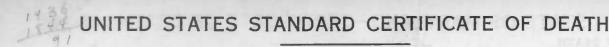
Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. 8.	//		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE				51	O K.	/a T	TC
County DOL	CHEBUCI	)(A			Registral	filog Dist. No. I	10
Village or City_C;	ambridge.	, Ma.	(If	No	lor institution, give its N	AME instead of street	.,
Length of residence i	n city or town where	death occurred	yrsmos	ds. How long in	U.S. if of foreign birth	?yrs	mosd
2. FULL NAME					eteran, specify WAF	Nos	4,
(a) Residence: No	. I⁄09 Ce	eadr Str (Usualpiace	of abode)	St., X Ward.		ident give city or town	n and State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDIC	AL CERTIFICA	ATE OF DEAT	Н
K. III.	White		RIED. WIDOWED. D (regite the word)	21. DATE OF DE	ATH Apr	il 6th,	1936 (Year)
5a. If married, widowed, or of HUSBAND of Sa (or) WIFE of	rah C. M	owbray.		22.   HER	EBY CERT		7-114
6. DATE OF BIRTH (month,	day end year)	12/16/18	B <b>4</b> 4	liast saw h MM elly	/e on Octor	1 / 18	death is sa
7. AGE Years	Months	Days	If LESS than	to heve occurred on the	date steted above, at		
91	3	20	1 day,hrs. ormin.	The PRINCIPAL CAUSE were as follows:			Date of one
8. Trade, profession, o kind of work do SAWYER, BDOK	r particular ne, as SPINNER, R KEEPER, etc.	etired I	Farmer	Carcu	una 16	- Ser	1 Colle
9. Industry or husines		Diri	CHARLES OF THE		n mare,	J	7
Date deceased last	worked at						
this occupation (	month and TOOT	occu	ime (years) nt in this 40 upetion 40				
12. BIRTHPLACE (city or to (State or country)	wn) Dore	hester (	Co.	Other Contributory Cause	es of importance:		
13. NAME John	Wardhal	1.					
14. BIRTHPLACE (city of (State or country)	r town) Dorc		Co Md.	Name of operation	neno		of
~		Known.	THE CO.	What test confirmed dieg		,	
15. MAIDEN NAME  16. BIRTHPLACE (city of Carte or country)		X "		23. If death was due to ex Accident, suicide, or hom		Date of injury	
(State or countr				Where did injury occur?.			
17. INFDRMANT MTS. (Address) H4	J. Hilar		te.	Specify whether injury or	(Specify ci	ity or town, county an in HDME, or in PUBLI	d State) IC PLACE.
18. BURIAL, CREMATION, D	R REMDVAL dge, Md.		/36 • ,19	Manner of injury	~		
	anville		mpte-	24. Was disease or injury	in any way related to o	occupation of decease	no
20, FILED 4 - 7	mbridge		Megistrar	(Signers)/ (Address)/	20 muis	Je Can	bridge.
	If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Balt	imore, Requesting U. S.	No. 1.	m



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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Altaek of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1936	July 5,1927	Peritonitis ,	3 days ago
DUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. be AGE should be

FOR BINDING

MARGIN RESERVED

V. S. No. 1

D. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT RECO See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINE Ä

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Dordent	Registration Dist. No.
Village or City & deceded me	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Makala Maroka	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
escene //here stelanes	(Month) (Oey) (Year)
a. If married, widowed, or divorced HUSBANO of	22. LHEREBY CERTIFY, That I attended deceased from
(or) WIFE of	July 1933, to april 1936
DATE OF BIRTH (month, day, and year)	Visst saw h alive on Chel (1, 1936; deeth is said
. AGE Years   Months   Oeys   If LESS then	to have occurred on the date stated above, at P. F. S.m.
9 / / / l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tenlity
9. Industry or business in which work was done, as SILK MILL,	Organisal Leuleure app. 12.193
SAW MILL, BANK, etc	1
10. Dete decessed lest worked et this occupation (month end yeer)	
D. I to	Other Contributory Causes of Importance:
(State or country)	70
	Curace affect regrounds
13. NAME here	uni
( 14. BIRTHPLAGE (city or town) (State or country)	Name of operation Date of
15. MAIOEN NAME Clarifieth Mitchese	What test confirmed diagnosis? Westhere an aulopsy? Westhere an aulopsy?
15. MAIDEN NAME	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Managed Indiana
Place Jacces McCoate 4/15 1936	Nature of injury
este t	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
4.5 319-1 3	(Signed) Curled M Faux M.D.
20. FILED 1936 files have Registrar.	(Address) Cambrida ud
V Agentari	

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Example 1	l <sub>1</sub>	Example II			
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Arteriosclerosis '	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
1936					
Other contributory causes of importance.		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			gour		
			3-1-1-1		

ADDITIONAL SPACE FOR FURTI	ER STATEMENTS BY PHYSICIAN
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V.-S. No. 1

should state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

4	1	0	1	1	5	
-da	6	n	L	1	1)	

1. PLACE OF DEATH	
County Norchestes,	Registration Dist. No. 116
Village or City Julden Vill	NoSt.,Ward
l'ile	If death occurred in a horpital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME AND MILE	
0 11/2 11-11	
(a) Residence: No. Joseph Mulling (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored A Widowed	21. DATE OF DEATH (Month) (Day) , 193 (A)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	HEREEN CERTIFY, That i attended decraved from
FE OF BIRTH (month, day, and year) Donth know	I last saw M. alive on 19 death is said
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, atm.
g or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wate as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	The Steam of the S
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and ) year) year).	
12. BIRTHPLACE (city or town) Milking nick (State or country)	Other Contributory Clases Companione:
I 13. NAME Jeck Melkins	$\alpha$
13. NAME . J. C. Ce Welker S  14. BIRTHPLACE (city or town)	Name of operation.
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external oakses (VIOLENCE) fill in also the proving:
15. MAIDEN NAME Life Told from 15. MAIDEN NAME Life Told from 16. BIRTHPLACE (city or town) Make Life Told from 15. MAIDEN NAME LIFE TOLD FROM 15. MAIDEN N	Accident, suicide, or homicide Delegation Date of injury 37 48
(State or country)	Where did Injury occur? Olone
17. INFORMANT Subsum Calmish	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION_OR_REMOVAL	Manner of injury 25 22
Place Milking mc Date Upen 12, 1930	Neture of injury 12 13 12 12 12 12 12 12 12 12 12 12 12 12 12
19. UNDERTAKER Lling Fil Rymun	24. Was disease or injury in any way related to occupation of deceased
(Address) Carmb wage mill	(Signed) And Grand Boll M. D.
20. FILED To 1920 Muss Mouse Registrar.	(Signed) M. D. (Address)
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

state

item of inforplnods 4007

County /2	EATH orches	ten		Registration Dist. Not 16	
Village or City_	in city or town where			death occurred in a hospitellor institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth? yrs.	Ward number)
2. FULL NAME. (a) Residence: 1	Samuel Lo		Md.	St., 4 Ward.  If u. S. Veteran, specify WAR NO.  St., 4 Ward.  If nonresident give city or town an	d State
PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4.0	White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193 <b>6</b> (Year)
Se. If married, widowad, o HUSBAND of (or) WIFE of		X		22.   HEREBY CERTIFY, That I attended  Coffine   1936, to Coffine S	
5. DATE OF BIRTH (mont 7. AGE Yaars	Months	T873 Days	If LESS than 1 day,hrs. ormin.		; daath Is said
SAWYER, 800 Industry or busin work was don SAW MILL, 8/ 10. Oate dacaasad la: this occupetion year)  12. BIRTHPLACE (city or (State or country)	e, as SILK MILL, II ANK, etc st worked at n (month and 3/3)	ord, Md.	alPlant time (yaars) ont in this 7 upetion	Other Contributory Causes of Importance:	3/31/3
	or town) Woo		(d.	Name of operation 2 one Oate of What tast confirmed diagnosis? 4 was thate an	2-
(Stete or country Informant Mrs.		lford, 1	ſđ.	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide?	, 19
18. BURIAL, CREMATION,			/8/36,19	Manner of injury	
19. UNOERTAKER (Address) 20. FILEO 4 7	Franville Cambridge 1936	S. LeCo	ompte	24. Was disease or injury in any way related to occupation of daceesed?  If so, specify  (Signed)  (Addrass)	200 2004

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: ED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage WA	July 5, 1927	Peritonitis.	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE STATE OF THE S			

	RECORD.
MARGIN RESERVED FOR BINDING	G INK-THIS IS A PERMANENT RECORD.
3	A
4	IS
OEL VED	NK-THIS
1	-
TARGIN	WITH UNFADING
4	WITH

ECOTO. Every item of infor-PHYSICIANS should state

of OCCUPA.

Exact statement

stated EXACTLY. properly classified.

of certificate.

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

be

AGE should be

mation should be carefully supplied.

B.-WRITE PLAINLY

STATE OF MARYLAND-CERTIFICATE OF DEATH

A	13	1261
7	U	118

1. PLACE OF DEATH	93-0	
County Derchister	Registration Dist. 1	10. 116
Village or City Cambulge Pout 2	No	St., Ward
0 110	f death occurred in a hospital or institution, give its NAME instea	
2. FULL NAME SI Wester ma	ettined. S. Veteran, specify WAR	
(a) Residence: No. Canbudge Rfd	St. 2 Ward.  If nonresident give cit	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	2 , 193 (Year)
5a. If marriad, wildowad, or divorced HUSBAND of (or) WIFE of  Pullen  Routine	22. I HEREBY CERTIFY, The	at 1 attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.	to have occurred on the data stated above, at $\Omega$ .	
Trada, profession, or particular kind of work done, as SPINNER, former	The PRINCIPAL CAUSE OF DEATH and ralatad causes of in were as follows  The Principal Cause of Death and ralatad causes of in were as follows.	Date of onset
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Bungam Karle	10-3-3
0. Date daceased last worked at this occupation (month and year)  year)  11. Total time (years) spant in this occupation	(Sunday)	4-1-3
12. BIRTHPLACE (city or town) Darchestan C (Stata or country)	Other Centributery Causes of importance:	
13. NAME for 99 Mortiner  14. BIRTHPLACE (city or town) MC  (State or country)	Name of operation	Date of
(State or country)	01	Was thera an autopsy?
15. MAIDEN NAME Maly Standey  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in als	
16. BIRTHPLACE (city or town) SCO	Accident, suicide, or homicide? Date of	injury, 19
17. INFORMANT Hemeleer Standling (Addrass) 16 19 ash aland Fills	Where did Injury occur?(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Paltonnal Placa and leng Date april 15, 196	Manner of injury	
19. UNDERTAKER Llum & HOZ Crysnem	24. Was disease or injury fn any way ralated to occupation of	decaased?
(Address) Kamburdese mal	If so, spacify	

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		7	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

STATE OF MARYLAND—CERTIFICATE OF DEATH  1. PLACE OF DEATH  County Devaluation Dist, No.  Willage or City Construction of types and number of the course of styles and number of the course of types and number of the course of types and number of ty	
SEO County Drahester Registration Dist, No.	
Village or City family it is a North Markery Hash Italo / Los Shellar	Ward
th death occurred in a nospital or institution, give its NAME instead of stiget and number	er)
Length of residence in city or town where deeth occurred 2 yrs. 8 mos. 0 ds. How long In U. S. If of foreign birth? yrs. mos.,  2. FULL NAME Occurred 1 yrs. 8 mos.,  If U. S. Veteran, specify WAR.	ds.
E 2. FULL NAME Dealy murray If U. S. Veteran, specify WAR	
(a) Residence: No./ Bishops St., Ward. 25 X	
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX A 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
On a De G Divorced (winter the word)	6
5a. If married, widowed, or divorced (Month) (Day) (Y	Year)
HUSBAND of (or) WIFE of (OR) WI	sed from
aug. 30 Thy 33 paper 30 Th	19.36
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS then  1 day, hrs.  Or. min.  1 last saw in femalive on Table 3.0. The 193 c; death  to heve occurred on the dete stetod above, at 1.5.24 m.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:  Date	th is said
7. AGE Years Months Days If LESS then to heve occurred on the dete steton above, at Z. J. A.m.	
7 2 3V 25V   1 day,hrs.   The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:	e of onset
8. Trede, profession, or perticular	e 01 01881
sawyer, Bookkeeper, etc. Larger Cerebralarterio Eclerates (	930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Dete decesed lest worked at 11/1 (del time (years) 2	
this occupation (month and 1932 spent in this occupation for several	
12. BIRTHPLACE (city or town) Bishala ( ) Other Contributory Causes of importance:	4 1
(State or country) Thank land	pringe
13. NAME Peter 90. murra	1-43
13. NAME Veter 90. Shourray  14. BIRTHPLACE (city or town) Dete of Name of operation Dete of	
(Stete or country) Whet test confirmed diagnosis? Wes there en autopsy	, no
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIOEN NAME (Thomas and Tariffe State or country)  16. BIRTHPLACE (city or town — Dete of injury — 1  (State or country)	19
(Stete or country) Delawale Where did injury occur?	
(Specify city or town, county and State)  17. INFORMANT SPECIFY. in HOME, or In PUBLIC PLACE.	
(Address) On le - France I Al	
18. BURIAL, CREMATION OR REMOVAL Monday Menner of Injury	
Plece Destro faville, 1114 Octo 11144 V3, 19 36 Neture of injury	
19. UNDERTAKER Mrs. My Jashy Halson 24. Was disease or injury in eny wey related to occupation of deceased? 2	ro.
(Address) Subjectly flet. If so, specify (A)	
120 FILED 4-30 1936 West College (Signed) 1 Garles Laberte	M. D.
Reptiter (Address) Cambridge In	0
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Chronic interstitial nephritis	MAY 6 193	1921		Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 19	27	Peritonitis	3 days ago
	SUREAU V	S.			
Other contributory causes of in	nportance:			Other contributory causes of importance:	
Gallstones		May 1,19	923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

tem of inforshould state of OCCUPA.

Every

1.	PLACE OF	DEATH	IL O	I MIAIN	ILAND	CLITTICAT	L OI	DLAI	11	4010
		Dorche	ster			(84)		Registration Dis	et No //	0
				Market.	Md.	No.	~	registration Di		
					(If	death occurred in a horpital or death occurred in a horpital or death of the death occurred in U.				nd number)
2	FULL NAP	ME Franc	ces J	oseph Ne	engel.	If U. S. Vet	eran, spec	ify WAR	No	
	(a) Residence	ce: No. Eas	st Ne	W Matke	t Md.	St., Ward.		If nonresident giv	e cily or town a	and State
				CAL PARTI				IFICATE C	OF DEATH	
-	ale		ite		RIED, WIDOWED.  (write the word)  100	21. DATE OF DEA		ril 6i	th,	, 193.6 (Yaar)
5a.	If married, widow HUSBAND of (or) WIFE of	Ruth I	E. Mc	Carter		22.   HERE	EBY C	ERTIFY,	That I attand	ed decassad from
6. D	ATE OF BIRTH (	month, day, and	year)	/3/1882		I lost saw h have alive	on 4/	4/3	6 ,19	; daath is said
7. A	GE Yaar	rs	Months IO	Days	If LESS than f day,hrs. ormin.	to have occurred on the dat The PRINCIPAL CAUSE OF were as follows:			ol Importance	Date of onset
- OCCUPATION	Industry or I work was SAW MIL.	business in whice done, as SILK I. L. BANK, etc ad last worked a pation (month an	h MILL, I	Plec <b>trá</b>	a. Operat  me (yaars) tt In this I	Other Contributory Causes (		ie y	Vessil	uy
2		Henry 1	Ven co	1						
FATHER	14. BIRTHPLACE (State or	(city or town)	Balto			Name of operation What test confirmed diagno				
15. MAIDEN NAME Mary Huth 16. BIRTHPLACE (city or town) Balto, Md.					)	23. if death was due to exter Accidant, suicide, or homici Where did injury occur?	de?	Dat	te of injury	, 19
	INFORMANT _ M.: (Address)	East Ne	ew Mar	Vengel.		Specify whether injury occu	rred in IND	Specify city or to USTRY, in HOME	wn, county and S E, or in PUBLIC	State) PLACE.
18.	BURIAL, CREMAT	New Ma	arket	, old. 4	/8/36,49	Manner of injury				
19.	UNDERTAKER (Addrass)	Granvi		Marylar	-4	24. Was disease or injury in	any way re			
20.	FILEDO	7 , 1930	Thu	, 10 Ha	strup	(Signed)	16	ger n	lyla	3-1 M. I

CTATE OF MADVIAND\_CEDTIFICATE OF DEATH

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Chronic interstitial nephritis MAY 7 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	127)
County Sorchester	Registration Dist. No. // 6
Village or City Shreet Rock	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Sharles & Stehn	Lo X
(a) Residence: No. Threat Sock Me	C. St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Solored Wilawer	(Month) (Day) (Yaar)
5a.7f marriad, widowed or divorced HUSBAND of (or) WIFE of Sense Wichals	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and years Alexel 20 1852	I last saw have alive on a full y 4, 19.76; daath is said
7. AGE Yaers Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at \$200.4.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER.	wara as follows:  acute Cholecystitis,  Date of onset 4 - 7 - 36
SAWYER, BOOKKEEPER, atc	due to tubeculosis Rosign of tuber
SAW MILL, BANK, etc	erlosisa Cev G. R.
12. BIRTHPLACE (city or town)	Other Cantributary Causes of importance:
(State or country) A brokester Causaly	
13. NAME Virgil, Wicholo	
14. BIRTHPLACE (city or town) Plackwater (Stata or country)	Neme of operation Data of
15. MAIDEN NAME Mary Anne Dried	23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Blackwalge	Accident, suicide, or homicide? Date of injury, 19
(State or country) Southerly Country	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Communa Ophical (Address) Laguilrista Ma F.D.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMINION, OR REMOVAL Place Secret South Medical Fleril 37, 1936	Manner of injury
19. UNDERTAKER AM St. Clair	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 4 - 217, 1936 Grain mows	if so, spacify (Signed) Chroll Mottler M. D.
Registrat.	(Address) Cambridge 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
If more viantes are needed, address State Kegistrar,	2411 IV. Charles Street, Baltimore, Kequesting "U. S. No. 1.

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Chronic interstitial nephritis MAI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	N SSEEL C
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	MARYLAND—C	6100	.,	IOI.
County Darcheste	-	213-7	Registration Dist. No.	6
Village or City  Length of residence in city or town where death		ds. How long In U.S. if of	St., on, give its NAME instead of street an foreign birth? yrs.	
(a) Residence: No. Baltic	(Usual place of abode)	If U. S. Veteran, s	0001	10
PERSONAL AND STATISTICA	The second secon	MEDICAL CE	If nonresident give city or town as ERTIFICATE OF DEATH	nd State
S. SEX 4. COLOR OR BACE 5.		1. DATE OF DEATH	(Month) (Day)	, 193 ()
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ge G	Leine Trans	CERTIFY, That I attended as 3.6, to . They	19.
5. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months	Days If LESS than	I last saw h aliva on	above at Manager of Importance	30/3
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ormin.	rege as follows: Death	www. Freguse	Date of c
9, Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Tanker	Dry ward 31	136 in Charp	eake suy
to Date decaesed last worked at this occupation (month and yeer)	11. Total time (years) spent in this occupation	Othat Contributors Causes of Impor	Allow By B	Isl
(State or country)	narfael			
14. BIRTHPLACE (city or town) (State or country)	12	Name of oparation. 120	Date &	20
15. MAIDEN NAME	2		ies (VIOLETICE) fill in also the follow	ngerig
16. BIRTHPLACE (city or town) (Stata or country) 7. INFORMANT		Where did injury occur?	Conciled by or town, county and S INDUSTRY, in HOME, or in PUBLIC I	
(Address)  8. BURIAL CREMATION, OR REMOVAL Place	6 0712 36	Mannar of injury	Explose	9-14
9. UNDERTAKER GS. L.C. (Address)	_4	A Was assess or a jury in any wallso, specify	y related to occupation of deceased?	los Ca
20, FILED 5-12, 1936 9	in money	(Signed)	(4 Stevens act	س کر

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1910	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	196	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Laripoilis	3 days ago
	1 98	The same	
Other contributory causes of importance:	WA	Other contributory causes of importance:	
Gallstones	May 1,1923	Costra scritis	1 year
	3 - 124 - 15		
Corres.concerning 2 other	deaths :	n this explosion: DR.MEADE, DR.JONE	s,
& STEAMBOAT IN	SP.CO. I	Dec.1936.	

DATE OF DEATH AND DATE OF ACCIDENT AND INJURY changed from March 30, 1936 to April 5, 1936 on statement of Mr.R.E.Norfolk, father of deceased, corroborated by affidavit dated April 7 signed by Capt. Shelley G. Robertson, 2708 Classen Av. Balto., captain of the Barge ANTHONY GROVES on which explosion occurred.

6/1/36 Bureau of Vital Statistics, Baltimore, Md. - L.

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1 4UIS
County Varchester Ca- >2	Registration Dist. No. 116
Village or City Cam bridge	No. algonquein Manor St., Ward
Length of residence in city or town where death occurredmos.	death occurred in horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME William Wesley	apper ,
(a) Residence: No. algon quin maker	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Emma Opher	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 4 / 13
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
77 7 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Farmen SAWYER, BOOKKEPER, etc.	englad hemming
Industry or business in which	or me commone
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and 4/2) spent in this	
year) (feel 9 80 occupation year)	Other Coutributory Causes of importance:
(Stata or country)	
13. NAME ) Jaces Opher  14. BIRTHPLACE (city or town) County: B. F. M. Buch	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? W
15. MAIDEN NAME Salah Cooper  16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)-	Accident, suicide, or homicide?
(State or country) mod,	Where did injury occur?(Specify city or town, county and State)
17, INFORMANT ( Mana ( Wift) (Address) along alien manor	Specily whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place Back Date april 20, 1936	Nature of Injury
19. UNDERTAKER A. Vadesy	24. Was disease or injury In any way related to occupation of deceased?
(Address) 229 Heiff (ambridge Ma	II so, specify
20. FILED 4 20 , 1936 John Mary	(Signed) Community My (MAddress) Community (My)
Kogistrar.	(Modiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	and the second	Example II	
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Constrail homosphage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE	OF DEATH 401
1. PLACE OF DEATH		10

Length	or City Ca		1. PLACE OF DEATH  County_Dorchester			t. No. 116
and the same of	of residence In cit			yrs 11 mos	No. Eastern Shore State No.  death occurred in a horpital or institution, give its NAME in  28 ds. How long in U.S. if of foreign birth?	pitalst., Ward
			B. Payne Caroline	County, Md	e_St,Ward.	rin
						city or town and State
3, SEX		O STATIST	ICAL PARTI		MEDICAL CERTIFICATE C	F DEATH
100				RIED, WIDOWED,  D (write the word)	21. DATE OF DEATH April 14,	6
Male 50 M married	widowed, or divor	ite	Marri	ed	(Month)	(Dey) (Yeer)
HUSBAND (or) WIFE	of		tta Cotte	r	22. I HEREBY CERTIFY. April, 16,,19 35 to April	Thet I attended deceesed from
6. DATE OF BI	IRTH (month, dey,	, and yeer)	April 11.	1973	liest saw h. iDl. elive on April 14.	19 36 - death is sold
7. AGE	Years 6.3	Months	Deys 3	if LESS than 1 dey,hrs. ormin.	to have occurred on the dete steted ebove, et 1:104 The PRINCIPAL CAUSE OF DEATH and releted causes of were es follows:	±±m.
9. Industry SA OFFO. Date of this yee  12. BIRTHPLAC (Stete o	Bowers	which ILK MILL, tot. ked at th end VYS. a  Land's Md s Payne	Inn, Quee.	me (yeers) It in this pation Life n Anne Co,	Gerebral arteriosclerosi Other Contributory Causes of Importance:	
14. BIRTHP	PLACE (city or tow ete or country)	vn) Farle			Neme of operation	
15. MAIDEI 16. BIRTHP (Sto	N NAME Alice PLACE (city or towete or country)	ce Vocal vn) Fairl lospital idge, Md	ee Md. Records		Specify whether injury occurred in INDUSTRY, in HOME,	elso the following:
19. UNDERTAKE (Addies	(5)	.0	Leulas Ventas	18 ,1936 2- 2. Wel.	Nature of injury  24. Was disease or injury In eny wey related to occupetion  If so, specify  (Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	one:	Example II	100
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B

19. UNOERTAKER

(Address)

should state of infor-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 4015
1. PLACE OF DEATH		- 8220 Y
County Dorchester		Registration Dist. No. 116
Village or City Cambridge	R.F.D.# 2	NoSt., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	th occurredmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Levin J.  (a) Residence: No. Airey, 1		ress Camwad dge, Rt# 2.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male colores	OR DIVORCED (write the word)	April, 26th, 193.6. (Month) (Dey) (Year)
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Deys If LESS then 1 dey, hrs. or min.  Farm Laborer  arm,	22. I HEREBY CERTIFY, That I ettended deceased from  1936, to a full veq., 1936;  1 last saw h elive on full veq., 1936; deeth is said to heve occurred on the dete steted ebove, et. 8: 42 Ann. Me  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:  Date of onset
year) Weeks a  12. BIRTHPLACE (city or town) Airey, (Stete or country) Or . Co.,	so spent in this occupation 40	Other Contributory Causes of importence:
H 13. NAME UNKNOWN  14. BIRTHPLACE (city or town). X  (State or country)	Unknown	Neme of operation. Dete of
14. BIRTHPLACE (city or town)	X	Whet test confirmed diagnosis? Wes there en eutopsy?
	ctown,	23. If deeth wes due to externel ceuses (VIQLENCE) fill in elso the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT Emma Perry (Address) Airey, Md., 18. BURIAL, CREMATION, OR REMOVAL		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify

(Signed)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

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Bureau of Vital Statistics

County	DORCHESTER		Registration Dist. No.
	City OFF BARKEN		No. St., Ward  If death occurred in a hospital or institution, give its "AME instead of street and number"  os. ds. How long In U.S. If of foreign birth?
2. FULL NA	NME S.	TEVEN PRICE	
DEDCO	NAL AND CTATICS	(Usual place of abode)	If nonresident give city or town and State
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
MALE	WHI TE	OR DIVORCED (write the word)	21. DATE OF DEATH pril 5, 1936  (Month) (Day) (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wad, or divorced		22. I HEREBY CERTIFY, Thet I attended decaesed from
a Diff or Dinti	ζ		
	(month, day, and yeer) pars Months	Days if LESS than 1 dey,hrs	I lest sew h elive on
John Data decaes	work done, as SPINNER, R, BODKKEFER, atc. business in which as done, as SILK MILL, LL, BANK, etc. sed last workad at upation (month end	011 barge	PROBABLY BLOWN TO PIECES IN EXPLOSION OF OIL BARGE OFF BARREN ISLAND. Barge owned by Chesapeake Oil Transport Co.  Name of Barge: THE ANTHONY CROVES.  Dr. J. W. Meade, Fishing Creek, found
(Stata or cou			Ditter Contributor Cancer of importance about two bones which indicate the men were blown up, and found also sufficient
15. MAIDEN N/ 15. MAIDEN N/ 16. BIRTHPLAC (State of the control of	IIP DEATH CERT E (city of fown)  TOURTY)  AME CORRESPONDE  E (city or town)  T country)  2.DF  3.ST  TION, DR REMOVAL	NCE UNDER:  T. J. W. Meade  E. A. JONES  TAMBOAT INSPEC.CO.	ashes for 2 human bodies. A third man was burned and thrown (or jumped) overboard.  Name of opacitory bound later and certificate is  What lest eonfirmed diagnosis?  What lest eonfirmed diagnosis?  Acident, suicide, or homicide?  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Mennar of Injury  Natura of Injury  Natura of Injury
19. UNDERTAKER			24. Was disease or Injury In any way releted to occupation of deceased?

MARGEN RESERVED FOR BINOING

Approximate age and the place of residence obtained from Mr. George E. Rogers, 3913 Bateman Avenue, Baltimore, Md. a friend of the deceased. See letter filed under 'Bateman' 4-2-37.

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WI	[[n]	n p	nt.
PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUF	very important. See instructions on back of certificate.
N	pe	EAT	imp
LA	plu	D	ry
	9		Ve

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Village or City No.\_\_\_\_\_St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residance in city or town whara death occurred How long In U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No Ward. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Oay) (Year) 5a. If marriad, widowad, or divorcad HUSBANO of ERTIFY. That I attended daceasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Davs I day, \_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and ralated causas of importance or ..... min. Oate of onset 8 Irade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... 10. Data decaased last worked at 11. Total tima (years) this occupation (month and spant in this Jo occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) ... Name of operation .... (Stata or country) What test confirmed diagnosis? ..... Was there an autopsy?\_\_\_\_ OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) .... (State or country) Where did injury occur?\_. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury 19. UNDERTAKER (Address) If so, spacify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	j	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	- Comment		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SE	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	y ite	Ssl	t of	1
	Ever	CIAN	emen	
	JRD.	IXI	stat	
	REC	P.	Exact	
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MARGIN RESERVED FOR BINDING	SAI	ated	oper	TION is very important. See instructions on back of certificate.
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8. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Tomas Ross  6. DATE OF BIRTH (month, day, and year) Many 9   9   22.  1 HEREBY CERTIFY, That I attended decean to fine the late stated above, at 19 1, to 1935; day to have occurred on the date stated above, at 10 m.  1 The PRINCIPAL CAUSE OF DEATH end related causes of importance was a followed as follows:	7
Village or City out New Market No.  Length of residence in city of town where death occurred No.  Length of residence in city of town where death occurred No.  (a) Residence: No.  Cual Place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (winite the wind)  St., If marriad, widowed, or divorced, HUSBANO of (or) WIFE of No.  6. DATE OF BIRTH (month, day, and yaar)  7. AGE Years Months Days If LESS than I day,	
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Length of residence in city or town where death occurred to the second of the second o	Ward
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Sa. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Thomas Rose (or) WIFE or WIFE o	,
HUSBANO of (or) WIFE of Glossicas Co.  6. DATE OF BIRTH (month, day, and yaar) May 9   St. 7  7. AGE Yaars Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year) spent in this occupation.	(Yaar)
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year) occupation.	
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work was dona, as SILK MILL, SAW MILL, BANK, etc	te of onset
work was dona, as SILK MILL, SAW MILL, BANK, etc	
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12. BIRTHPLACE (city or town) (Stata or country)	
13, NAME Dolon G. A. b.	
14. BIRTHPEACE (city or town) Oata of Ostate or country)  What test confirmed diagnosis? Was there an autops	
15. MAIDEN NAME Senerelteadkerson 23. If daath was due to axternal causas (VIOLENCE) fill in also the following:	зу:
15. MAIOEN NAME Severite address 23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Oate of injury Oate of injur	19
Where did injury occur?	,
(Specify city or town, county and State)  17. INFORMANT LEO PROJECT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Part new Market	
18. BURIAL, CREMATION, OR REMOVAL Mannar of injury	
Placa Cant New Mattell Oate after 7/1984 Natura of injury	
19. UNDERTAKER 24. W. Llaughty 24. Was disease or injury in any way related to occupation of dacaased?	
(Addrass) Gast new Market If so, specify.	
20. FILEO apr 27 19 36 74 E. Parker (Signed) Iloge Myers	M. D
Registrar. (Address) J. Co. Alexandra M.	d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II		
The principal cause of death and related dauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAY 4 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days aga	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example MAY 6		Example II	
The principal cause of death and related causes of importance were as follows: BUREAU V	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1918	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Museum and the second s	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS IS A PERMANENT RECORD

St	1. PLACE OF DEATH	93-0 n O	
ould st	Countrarchester	Registration Dist, No. 116	
should f OCC	Village or City Cambridge	No Cambrel My Iden Wat	A
of	Village of City (If	death occurred in a hospital or institution, give its NAME instead of street and	number)
T NS		ds. How long in U.S. if of foreign birth?yrsn	10sds.
ZIA]	2. FULL NAME Sallie Sharte	If U. S. Veteran, specify WAR 220 3	
PHYSICIANS oct statement	(a) Residence: No. Cambail M. (Usual place of abode)	St., Ward.	Sike
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	0
× E	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 39	, 193 6 (Year)
T	5a. If married, widowed, or divorced	1000	
I A C T I lassified.	HUSBAND of Ofm Clinton Sharter	22.   I HEREBY CERTIFY, That I ettended   4/26/ 1936, to 4/29/	deceased from
E X cl	6. DATE OF BIRTH (month, day, and year) 18,1863	last saw han alive on 4/29/36 ,19	.; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 1,30 cm.	
stated properly certifical	71 07 2 11 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	,
_	9 Trade protection or pertionter	W010 0310110W3.	Date of onset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which	Ch. myoundi	7
should it may n back	J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Brank Ormania	4/22/
E sh t it on	79. Date deceased last worked et this occupation (month and year) spent in this occupation		-
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Daraheaten Co	Other Contributory Causes of Importance:	
s, s	(State or country)		
supplied n terms, ee instri	13. NAME Planette		
sup sin te	13. NAME  14. BIRTHPLACE (city or town)	Neme of operation	
S	(State or country)	What test confirmed diagnosis? Star Was there an	autopsy? 2
carefully supplied. H in plain terms, ortant. See instru	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to externel causes (VIOL ENCE) fill in elso the followin	g:
be careful EATH in 1 important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
NTI N	E (State or country)	Where did injury occur?	
hould be car OF DEATH very imports	17. INFORMANT CADE Share	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE,
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
<u> </u>	Place Decerate med 1867 196	Nature of injury	
cause Cause TION is	19. UNDERTAKER 45% C	24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	If so, specify	
A	20. FILED 4 - 3. 0. 13. 6 July 2000	(Signed) (Address) A	M. D.
	If more blanks are readed adds as Seen Britan	NOTE OF THE PROPERTY OF THE PARTY OF THE PAR	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 6 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSTAU V. S.			
Other contributory causes of importance:	9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

7	tem of infor-	should state	of OCCUPA-	
	CORD. Every i	PHYSICIANS	ct statement e	
DATE	NENT REC	CTLY. I	sified. Exa	
מעומ אוס	S A PERMA	tated EXA	roperly class	rtificate.
MANUAL MEDINA DE L'OIR DIVINI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
MINITEDATIVA	VITH UNFADIN	ully supplied.	plain terms, so	t. See instruction
	E PLAINLY, V	should be caref	OF DEATH in	s very importan
)	-WRIT	mation	CAUSE	TION is

N. B.-WRITE PLAI mation should

V. S. No. 1

	S	TATE C	F MAR	YLAND-	CERTIFICATE	OF DEAT	TH 40	120
1.	PLACE OF DEAT	ГН			(I2I)	20		
	County	orchest	ter		4 south	Registration D	ist. No. 116	
	Village or City Ca	mbridge	)		No. Cambridge	Maryland	Hosp.	Ward
				(1)	death occurred in a hospital or institu	ution, give its NAME	instead of street and	number)
	Length of residence in cit	ty or town where	death occurred	yrs,mos	ds. How long In U.S. if	of foreign birth?	Ortsm	10sds.
2.	FULL NAME				If U. S. Veteran,	, specify WAR	9	
	(a) Residence: No	Rho	lesdale,	Md., of abode)	St., Ward.	If nonresident gi	ve city or town and	Stale
with market	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	0,
3. SI		r or race Lored	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	April,	7 (Day)	., 193_6
5a. 1	married, widowed, or divo	rced				(Month)	(Day)	(Year)
	(or) WIFE of					YCERTIFY		
		7	) 67	3035	March 1		31	, 19.3 C
	TE OF BIRTH (month, day	T	ec. 23.		I last saw h alive on to have occurred on the date state	11.	50 P.M	; death is said
7. A		Months	Days	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEA			
10	22	3	14	ormin.	were as follows:		or importance	Date of onset
TION	kind of work done,	as SPINNER,	Laborer		0			-
PATI	SAWYER, BOOKKEE	which	ACCOUNT GI	•	Janjune	7.11	my	
3	work was done, as S SAW MILL, BANK, e	SILK MILL,	eneral-	work.				
18	O. Date deceased last wor this occupation (mo	ked at Ah+	11. Total ti	ime (years)				
-	year)	1 mo 8	F&O occi	pation 1ife	Other Contributory Causes of Imp	ortance.		
12. E	IRTHPLACE (city or town)	Rhod	esdale,		Other conditions charge of this			
	(State or country)		Maryl					
FATHER	13. NAME	Edward	Smuille	n				
ATI	4. BIRTHPLACE (city or to	wn)			Name of operation of	botom	Date of	7/2/36
	(State or country)		ryland.		What test confirmed diagnosis?	Zyan	Was there an	autopsy? he
MOTHER	15. MAIDEN NAME	ETTS :	Chompson		23. If death was due to external ca	nuses (VIOLENCE) fill	in also the followin	g:
0	16. BIRTHPLACE (city or to	wn)	Maryland		Accident, suicide, or homicide?	Da	ate of injury	, 19
	(State or country)				Where did injury occur?	(Specify city or to	own, county and Sta	to)
17.1	NFORMANT Cambri	dge Mar	yland H	osp.Recor	Recify whether injury occurred	in INDUSTRY, in HOM	E, or in PUBLIC PL	ACE.
18 F	(Address) Camb	riage,	marylan	1				
	Place Peters				Manner of injury			
	Т							
19. l			npton &	Son	24. Was disease or injury in any	way related to occupat	ion of deceased?	
	100		irg, Md.	2 1	(Signed)	a me		M D
20. F	ILED 4/8/	19 00	Many h	Registrar.	(Address)	car linis	2 mi	,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	cample I	194 s. house	1	Example II	
The principal cause of death and related causes Date of conset of importance were as follows:				The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 6	1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V.	July 5 1927	Peritonitis	3 days ago
Other contributory causes	of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state item of infor-Exact statement of OCCUPA.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. AION is very important. See instructions on back of certificate. AGE should be be GAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

N. B.—WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	t-		Top X	116
Village or City	ene.		Registration Dist. No.  death occurred in a hospital or institution, give its NAME instead o	
2. FULL NAME  (a) Residence: No. 40 7	(Usyalplace	Ste	ds. How long In U.S. If of foreign birth? yrs.  If U. S. Veteran, specify WAR St., Ward.	0 2474
PERSONAL AND STATIST			If nonresident give city of MEDICAL CERTIFICATE OF D	
3.SEX 4. COLOR OR RACE	5. SINGLE, MARE		21. DATE OF DEATH	8 , 193 6
5a. If married, widowed, or diverced HUSBANO of (or) WIFE of	42.	Inknown	22. I HEREBY CERTIFY, That  1936, to fair	I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	rtance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		me (years) t in this pation	Other Coutributory Causes of Importance:	19.43
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	11 11		Name of operation	
(Stata or country)  17. INFORMANT (Address)  18. BURIAL, EXEMATION, OR REMOVAL	J. 4/3	Le me	23. If death was due to external causes (VIOL ENCE) fill in also the Accidant, suicide, or homicide?	ha following: ury19
19. UNOERTAKER Log (Address)  20. FILED 4 20, 1936	hun n	Register.	Nature of injury  24. Was disease or injury in any way related to occupation of de  If so, specify  (Signed)  (Address)	eceased?M. 0.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R. mation should be carefully supplied. AGE should be stated EXACTLY.
MARGIN RESERVED FOR -WRITE PLAINLY, WITH UNFADING INK-THIS IS A mation should be carefully supplied. AGE should be stated
MARGIN RESERVED
WRITE PLAINLY, WITH UNFAD mation should be carefully supplied.
-WRITE PLAINLY, WITH mation should be carefully
-WRITE PLAINLY mation should be ca
-WRITE PLAI
-WRITE

PHYSICIANS should state D. Every item of infor-

Exact statement of OCCUPA-

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLAINLY

V. S. No. 1

1. PLACE OF DE		OF MARY	LAND-	CERTIFICATE OF DEATH 4022
County Dor				Registration Dist. No.II6
Village or City	Cambridg	^	(1	No. Cambridge Md. Hospital . St., Ward death occurred in a hospital or institution, give its NAME instead (spreet and number)
				ds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME.				If U. S. Veteran, specify WAR NO
(a) Residence: No		(Usual place o	abode)	St., Ward. 3. If nonresident give city or town and State
		ICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
	White	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH  April 2nd, 1936  (Month) (Day) (Yeer)
5a. If married, widowed, or of HUSBAND of (or) WIFE of		TTravers	•	1 HEREBY CERTIFY, That i attended deceased from 1936, to 2 1936
6. DATE OF BIRTH (month, 7. AGE Years	day, and year)  Months	6/3/I880 Days	If LESS than	I last saw h afive on 19; death is said to have occurred on the dete stated abova, at 2.08 M.
8. Trade, profession, o kind of work do SAWYER, BOOK	perticuler	29	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:  Date of open  Date of open
work was done, SAW MILL, BAN  10. Date dacaased last this occupation (year)  12. BIRTHPLACE (city or to (State or country)	essilk Mill, K, etc worked at month and / I/	s Is <b>had</b> a	tin this 35	Other Contributory Causes of importence:
13. NAME Will 14. BIRTHPLACE (city of			767	
(State or countr	r town)Hoope	rs Islan	d. Md.	Name of operation home Date of What test confirmed diagnosis? Blood Comm Was there an autopsy?
15. MAIDEN NAME E	liza Vog	le		23. if daeth was due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME E  16. BIRTHPLACE (city of (Steta or country)	r town)_Hoop	ers Isla	nd, Md.	Accidant, suicide, or homicide?
17. INFORMANT AUDY (Address) C 18. BURIAL, CREMATION, O	ey W. Ch ambridge	ristophe Md	r.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
			fort a clin-fr	Manner of injury
PieceCambri	dge, Md.	Date4_/_5	<del>/-36,19</del>	Natura of injury
19. UNDERTAKER Gra- (Address) Com 20. FILED 4			uong.	24. Was disease or injury in any way related to occupation of dacaased?  If so, spacify  (Signate)  (Address)  (Address)  M. I
	If more	blanks are needed, ad	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial neghritls !	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 0 1938	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.— certificate.

Jo

TION is very important. See instructions on back

1.	PLACE C	F DEAT	тн	1,11,11		<u> </u>		
County_Doronester  Village or CityCambridge,						Registration Dist. No. 1) 6		
						NoSt.,	_Ward	
	Length of re	sidence in ci	ty or town where d	eath occurred	(If yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? ***yrsmos	ds.	
2	. FULL NA	AME NA	elson(Da	11) Ti	rice	V COAR		
	(a) Reside	ence: No		/		St., Ward.		
0	DED.CO		D STATISTI	(Usual place	of abode)	MEDICAL CERTIFICATE OF DEATH	0,	
3. 8			R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH		
3. 0	, the state of the	4, COLO	YSY		D (write the word)	A ri], 193		
5a.	If married, wide	owed or dive	rced	1		(Month) (Day) (Ye	ear)	
-	HUSBAND of (or) WIFE of	,				22. I HEREBY CERTIFY, That I attended decease		
-						Anni 19, to		
	DATE OF BIRTH		1	ril .	If LESS than	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
7. /	AGE Y	ears	Months	Days	1 day,hrs.			
7	8. Trada, pro	fession, or p	articular			Sullborn	ol oneor	
ATION	SAWYE	ER, BDDKKE	as SPINNER, EPER, etc					
A A	9. Industry o	r business i vas done, as	n which SILK MILL,					
1000	work was done, as SILK MILL, SAW MILL, BANK, etc			11. Total time (years) spant in this occupation				
-						Other Contributory Causes of importanca:		
12.	BIRTHPLACE (		Cambric	IG4-,				
02			10.					
FATHER	13. NAME 7					No. of a series		
FAI		CE (city or t or country)	own)	1		Name of operation Oals of What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?		
œ	15. MAIDEN I		ice Tric	16		23. If death was dua to external causes (VIOLENCE) fill in also tha following:		
MOTHER			0-2	riage,		Accident, suicide, or homicide?		
MO	16. BIRTHPLA (Stata	or country)		(.tt.Yie, \				
17. INFORMANT Alice Trice						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
(Address) C. C. AV C. 18. BURIAL, CREMATION, DR REMOVAL DISCUSSION OF THE COLUMN TO THE COLUMN THE					01 01	Manner of injury		
	Place	. Landardor		Date	, 19	Nature of injury		
19. UNDERTAKER						24. Was diseasa or injury in any way related to occupation of deceased?		
_	(Address)					If so, specify does		
20	FILED 5-	21.,	1936 J	steer &	Registrar.	(Signed) (Mind State ) md	M. D.	
Automotion of the last of the		*	If more	blanks are needed,	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MAR	RYLAND-	CERTIFICATE OF DEATH		
1. PLACE OF DEATH		23 1		
County Declarates		Registration Dist. No. // 9		
Village or City		2-1 No. St.,	_Ward	
Length of residence in city or town where death occurred	8 yrs 9 mos	f death occurred in a hospital or institution, give its NAME instead of street and number  ds. How long In U.S. If of foraign birth?		
2. FULL NAME agreed &	There	te If U. S. Veteran, specify WAR		
(a) Residence: No. Beach	Lend Osa	St Ward.		
	ce of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
mula Whata OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day) (Y	(ear)	
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	-	22. I HEREBY CERTIFY, That I attanded dacases	ed from	
6. DATE OF BIRTH (month, day, end year) 7/11/19	17	I last saw h alive on , 19 ; daath		
7. AGE Years Months Deys	If LESS than	to have occurred on the date stated above, at 11.10 m. 43.		
18 9 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	olonset	
8 Trade, profession, or particular kind of work dona, as SPINNER,		Inherentous of Lungs	oronset	
SAWYER, BOOKKEEPER, etc.		12g walley tea		
SAW MILL, BANK, etc		Mandance No	re	
10. Date decaased last worked at this occupation (month and	tima (years)			
	cupation	Other Contributery Causes of importance:		
12. BIRTHPLACE (city or town)	ad nec	Dactor who attendend a	0	
(Stata or country)	-	at State Sanatoriam		
13. NAME enced of each	d en	Sypralls ma		
14. BIRTHPLACE (city or town)	The state of the s	Nama of operation Dete of		
		Whet test confirmed diegnosis? Was there an autopsy	?	
		23. If deeth wes due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)  (State or country)		Accident, suicida, or homicide?	9	
Para Car SI.	1-	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT (Address)	72.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL CREMATION, OR REMOVAL	(	Manner of Injury		
Relice of New Mala 47	30,1936	Nature of Injury		
19, UNDERTAKER (Address)		24. Was disaase or injury In any way related to occupation of deceased?		
20. FILED apr 20, 1036 Wilson & Con	nitcheld- Registrar.	(Signad) Wilson A Pritchette L. 1 (Address) Brahaps Head m	Ma	
If more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting US. No. 1.		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- YAM				
Other contributory causes of importance:	.2.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenleritis	1 year	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	402
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1. PLACE OF DEA	TH					
County Dorel	nester			Registration Dist. No. / / O		
Village or City_Ne	ear Gale	stown	6 yrsmos	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street end number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAMES	arah A	Wolff		If U. S. Veteran, specify WAR		
(a) Residence: No.				St., Ward,		
		(Usual place		If nonresident give city or town and Stale		
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH		
remare wi	ite	or divorce Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 2 , 193 (Month) (Day) (Year)		
5a. If married, widowed, or diventus BAND of (or) WIFE of	orcad			22. I HEREBY CERTIFY That I attended deceased from		
6. DATE OF BIRTH (month, da 7. AGE Years		et, IO	1853	I last saw h & elive on And 1995; death is said		
	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
83 8. Trade, profession, or p	6	10	ormin.	wera of follows:		
kind of work dona, SAWYER, BDOKKEI 9. Industry or business in work was done, as:	as SPINNER, EPER, etc n which SILK MILL.	Iousew	ork	Car and Stone of 1936		
1D. Data deceased last wo this occupation (mo year)	rked at onth and	spe	ima (years) ntin this upation			
12. BIRTHPLACE (city or town) (State or country)	₩1	fa	~ · · · · · · · · · · · · · · · · · · ·	Other Contributory Causes of importance:		
13. NAME	W A. Wol	44				
13. NAME Andre 14. BIRTHPLACE (city or to				Name of operation Date of		
(State of Country)	W. Va			What test confirmed diegnosis? Was there an autopsy?		
16. BIRTHPLACE (city or to		nmons	1//	23. If death was due to external ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?		
17. INFORMANT C13.3	rtis Wol	r ff	F.D.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR				Manner of injury		
19. UNDERTAKER W. D.	Graveno:	r & Bro	,	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) To Multiplication of M.M.D.		
20. FILED YPTU LI.,	192627 0	Hose	Registrar!	(Address) Aunfalown Ruf		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis 124 ry 1036	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PLACE	OF	DEATH
County DO	rch	ester



# STATE OF MARYLAND CERTIFICATE OF DEATH

	y Drawbridge		Registration St.: Was	d) (If death occurred in a hospital or institution, give Ite NAME in otend of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Female Colored.  Sex 4 COLOR OR RACE SINGLE, WIDOWS.  WIDOWSD.  OR DIVORCED (Write the word)				,1936. , 192 (Year)
6 OATE OF SIE	January .	**************************************	. The CAUSE OF DEATH * was as follows:	
7 AGE	65 yrs. 3	If LESS than I day hrs. or min.?		
business, or e which employ  9 BIRTHPLACE (State or co	Mary  Mary  LM00000	rland. KGlasco Jackson.	befordayy during se	ure infection were winter.  M. D. M. D. M. D.
OF FATH Z (State of Maintenance of Month	r country) IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs and ds.	
13 BIRTHPI OF MOTH	LACE			
14 THE ABOVE	Richard St		Where was disease contracted, if not at place of dea.h?  Former or usual residence.	
(Address) Vienna, R.D., Md.			Cross-Roads, Dor., Co.	4/13/36., 19
Filed Apr	11 11 1936 oc	mo. R. S. Wught	20 UNDERTAKER Sinclair.	Cambridge, Md.
		The state of the s	r. 16 W. Saratova St., Balto., Requesting V	S. No. 1.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day (a) the kind of work and also (b) the (6) Grocery,

spinal meningitis"; Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

thata is essential and

fermanently filed.

approved by Committee on Nomenclature
American Medical Association.)

It this certificate is looked over thoroughly and all of If this certificate is looked over thoroughly asswered in detail, it will prevent further correspondence. All vacuum is essential and must be obtained before the certificate is Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of hoad—homicide; Poisoned by iednus) may be stated under the head of "contributory." carpolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; If this certificate is looked over thoroughly and all questions probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the "Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Taemorrhage," Chronic valvular heart disease; etc. The contributory